## UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL DECLARATION OF ABM (ACCELERATED BACHELOR'S TO MASTER'S DEGREE) PROGRAM

Student Name\_\_\_\_\_ Student Number J00\_\_\_\_\_ Current overall GPA:\_\_\_\_

Current Bachelor's Program: \_\_\_\_\_\_ Proposed Master's Degree Program: \_\_\_\_\_\_

Projected graduation date for Bachelor's Degree: \_\_\_\_\_ Projected graduation date for Master's Degree: \_\_\_\_\_

## Long Term Completion Plan (attach a separate sheet if needed):

Semester/Year	Course Number/Name	Credit	
(F, SP, SU)		Hours	double
Ex: SP 2020			counted

I certify that I have the required 90 credit hours or above of undergraduate credit by my signature below.

Student Signature	Date
APPROVAL of ABM Program:	
Department Chair	Date
Director/Coordinator of Graduate Studies	Date
Dean/Graduate School	Date

Final Distribution: Registrar, Financial Aid, Scholarship Services, Graduate School, Graduate Program Revised 10/13/21