

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

Student Name _____ Student Number J00 _____

Current Bachelor's Program: _____

Proposed Master's Degree Program: _____

Current overall GPA: _____

Projected graduation date for Bachelor's Degree: _____

Projected graduation date for Master's Degree: _____

Student must attach a long term completion plan for the ABM program.

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:

(Director/Coordinator of Graduate Studies)

Date

(Dean of the Graduate School)

Date

Final Distribution: Registrar, Financial Aid, Scholarship Services, Graduate School, Graduate Program

Revised 4.30.18