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

		Student Number J00 Current overall GP		all GPA:	
		Proposed Master's Degree Program:			
Projected graduation date for Bachelor's Degree:		Projected graduation date for Master's Degree:			
Long Term Com	pletion Plan (attach a separate sheet	if needed):			
Semester/Year (F, SP, SU) Ex: SP 2020	Course Number/Name		Credit Hours	Check if double counted	
I certify that I ho	ave the required 90 credit hours or ab	ove of undergraduate credit by my s	ignature below.		
Student Signatu	re		Date		
APPROVAL of A	BM Program:				
Department Cha	air		Date		
Director/Coordi	nator of Graduate Studies		Date		
Dean/Graduate	School		Date		

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