

**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) \_\_\_\_\_