

Accelerated Bachelors / Masters Degree Program Form**Student Information**_____
Student ID Number_____
Last Name_____
First Name_____
Middle Name_____
Email Address_____
Telephone Number**Cumulative Undergraduate Credits:** _____
(Minimum: 60, At least 36 at UAB)**Overall GPA:** _____
(Minimum 3.5)**Honors College:** yes no**Undergraduate Program**_____
Major_____
College_____
Degree_____
Expected Completion Date**Graduate Program**_____
Major_____
College_____
Degree_____
Expected Completion Date**Graduate Courses Approved for Dual Credit in Undergraduate and Graduate Programs**

Course Registration Number	Graduate Course (prefix & number)	Graduate Course Title	Hrs.	Term & Year	In Lieu of Which Undergraduate Course (prefix, number, & brief title)

By signing below I acknowledge that I have reviewed all relevant ABM policies, including how Financial Aid may be impacted.**Approvals**

Student (signature): _____ Date: _____

Undergraduate Advisor (signature): _____ Date: _____

Undergraduate Advisor (print): _____

Graduate Coordinator (signature): _____ Date: _____

Graduate Coordinator (print): _____