

**GENERAL EDUCATION PROGRAM**  
**Divisional Exception Form**  
**(Please print legibly or key on computer)**

Division: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Program/Plan/Sub Plan: \_\_\_\_\_

Requirement to be waived or substituted:

Why is the student requesting that this GEP requirement be waived or submitted?

What substitution or alternate arrangements are proposed by the division?

Undergraduate Dean: \_\_\_\_\_

(Printed Name and Signature)

Return this form to: \_\_\_\_\_

(Printed Name and Email Address)

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Please scan and send completed form to the Office of the Vice Provost for Undergraduate Studies at:  
[generaleducation@missouri.edu](mailto:generaleducation@missouri.edu)

This form will be emailed to the email address from which it was received unless otherwise noted.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_