



**GEORGIA
CHRISTIAN UNIVERSITY**

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OFF-CAMPUS LECTURE APPLICATION

Full Name of Faculty: _____

School: _____

Course Number and Title: _____

Academic Semester/Year: _____

I, _____, the above-mentioned faculty member, hereby ask permission from Georgia Christina University to conduct _____ at the designated off-campus location as follows:

Date of Off-Campus Lecture: _____

Hours: _____

Location: _____

In consideration of the acceptance of my participation in the above captioned program, I hereby waive, release and discharge any and all claims against the Georgia Christian University as a result of my off-campus lecturing at the above location for damages for death, personal injury or property damage which participating students may have, or which may occur to them.

In addition, I give permission for participating students to receive, if necessary, emergency medical services by authorized personnel and that any cost incurred as a result of such medical emergency will be solely my responsibility.

Applicant's Signature: _____

Date: _____

Dean of School: _____

Signature: _____

Date: _____

Dean of Academic Affairs: _____

Signature: _____

Date: _____

Remark: