A. INTRODUCTION

Increased reporting requirements by the Higher Learning Commission and by the federal government regarding the physical location (street address) of course offerings create the need for this policy. The University must be able to track, justify and manage the risks of off-campus course offerings at the homes of faculty.

B. POLICY STATEMENT

1. University courses shall not be taught in faculty members’ home or other private residences. Exceptions to this policy require approval of the Dean and Provost. A waiver form with requirements for an exemption and timeline is attached.

2. At the Denver campus, this prohibition includes individual class meetings. Voluntary social events, held outside class, are not prohibited, but are subject to all University regulations, including the alcohol policy. Click Here to Access Alcohol Policy.
3.a. At the Anschutz Medical Campus, with the approval of the Provost, Deans may identify courses or categories of courses that may be exempted from the requirements of this policy, except the reporting requirements. Deans should use the forms attached to this policy to record both individual course exemptions and ongoing exemptions for categories of courses.

3.b. At the Anschutz Medical Campus, clinical practice rotations are exempt from this policy as the Higher Learning Commission does not require reporting of clinical practice sites.

3.c. At the Anschutz Medical Campus, occasional class meetings away from the designated classroom are allowed, if this practice is permitted by the individual school dean. Deans may also permit supplemental educational experiences, such as a journal club, away from the primary practice site, including the faculty member’s home.

C. REPORTING REQUIREMENTS

A faculty member who has been granted an exemption (identified in B. 3.a) to offer an in-home course is responsible for providing information on the course location to the Registrar’s Office for recording within ISIS (the student information system). The Office of Institutional Research and Effectiveness will then use the information within ISIS to report as required to the Higher Learning Commission.

Notes

1. Dates of official enactment and amendments:

   January 1, 2013; Adopted by Provost

2. History:

   May 15, 2018: Modified to reflect a 2018 Campus-wide effort to recast and revitalize various Campus policy sites into a standardized and more coherent set of chaptered policy statement organized around the several operational divisions of the university.

3. Initial Policy Effective Date: January 1, 2013

4. Cross References/Appendix:
   • Campus Policy 3050, Alcohol Service
Request for Waiver to Offer a CU Denver Campus Course or Portion Thereof in a Faculty Member’s Home/Other Residence

Date of Request ____________________________________________________________
(Must be at least 12 weeks before start of term for which waiver is sought)

Name of Faculty Member Making Request ______________________________________

Name and Number of Course for which waiver is sought ____________________________

Dates of Term or Portion or Individual Class for which waiver is sought ______________

Reasons Course/Portion/Individual Class needs to be offered in faculty member’s home:
__________________________________________________________

Location of faculty member’s home/other residence: _________________________________
__________________________________________________________

Faculty member verifies by signature that he/she had determined there are no restrictions by the home owners’ association or similar organization, city or county on the offering of this course in the home/other residence. Signature: ______________________________________

Faculty member verifies by signature that he/she acknowledges that the university is not responsible to the faculty member/residence owner for injury or damage caused by course participants to the premises. Signature: ______________________________________

Faculty member takes responsibility for any unsafe conditions on the premises.
Signature: ____________________________________________________________________

Faculty member verifies that the home setting offers access for students with disabilities.
Signature: ____________________________________________________________________

Approvals:

Signature of Dean of College/School making this request (with Date):
____________________________________________________________________________ Date____________

Approval by Provost (with Date): ______________________________ Date____________

Date of Notification of Office of Institutional Research and Effectiveness ________________
Request for Waiver to Offer University of Colorado Anschutz Medical Campus Course in a Faculty Member’s Home/Other Residence

Date of Request ________________________________________________
(Must be at least 12 weeks before start of term for which waiver is sought)

Name of Faculty Member Making Request ____________________________

Term(s) and Year(s) for which single waiver is sought ___________________

Dates of Term or Portion or Individual Class for which waiver is sought ______

Reasons Course needs to be offered in faculty member’s home or other residence:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Location of faculty member’s home/other residence: ______________________
__________________________________________________________________

Faculty member verifies by signature that he/she had determined there are no restrictions by the home owners’ association or similar organization, city or county on the offering of this course in the home/other residence. Signature: ____________________________

Faculty member verifies by signature that he/she acknowledges that the university is not responsible to the faculty member/residence owner for injury or damage caused by course participants to the premises. Signature: ____________________________

Faculty member takes responsibility for any unsafe conditions on the premises.
Signature: _________________________________________________________

Faculty member verifies that the home setting offers access for students with disabilities. Signature: ____________________________
__________________________________________________________________

Approvals:

Signature of Dean of College/School making this request (with Date):
__________________________________________________________________ Date _____________

Approval by Provost (with Date): ____________________________ Date _____________

Date of Notification of Office of Institutional Research and Effectiveness ____________
Dean’s Request for Waiver to Offer University of Colorado Anschutz Medical Campus Category of Courses in a Faculty Member’s Home/Other Residence

Date of Request: ____________________________

Category of Courses (e.g. rural clinical rotations) for which waiver is requested: ____________________________

Length of Waiver (from start date to end date) ____________________________

Reasons this Category of Courses should be allowed to be taught in faculty member’s home or other residence ____________________________

Location(s) of faculty member’s home/other residence(s) if known:

New locations **must** be reported to the Office of Institutional Research & Effectiveness each term.

Dean verifies meeting the following conditions by initialing:

__ Dean has informed faculty members they are responsible for determining that there are no restrictions by the home owners’ association or similar organization, city or county on the offering of this course in the home.

__ Dean has informed faculty members that the university is not responsible to the faculty member/owner of residence for injury or damage caused by course participants to the premises.

__ Dean has informed faculty members that they are responsible/liable for any unsafe conditions on the premises.

__ Dean has informed faculty members that they are responsible for assuring that the home setting offers access for students with disabilities.

________________________________________________________________________

Approvals:

Signature of Dean of College/School making this request (with Date): 

________________________________________________________________________  Date _____________

Approval by Provost (with Date): ____________________________  Date _____________