# Campus Administrative Policy

## Policy Title:
Courses Taught in Faculty Homes and Other Private Residences

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>1030</th>
<th>Functional Area:</th>
<th>Academic and Faculty Affairs</th>
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**Effective:** April 1, 2022  
**Date Last Amended/Reviewed:** March 1, 2022  
**Date Scheduled for Review:** March 1, 2029  
**Supersedes:** Courses Taught in Faculty Homes and Other Private Residences (January 1, 2013)

**Approved by:** Donald M. Elliman  
Chancellor, University of Colorado Anschutz Medical Campus  
Michelle Marks  
Chancellor, University of Colorado Denver

**Prepared by:** Offices of the Executive Vice Chancellors and Legal Counsel Affairs  
**Reviewing Offices:** Executive Vice Chancellors for Academic and Student Affairs  
**Responsible Officers:** Executive Vice Chancellors for Academic and Student Affairs

**Applies to:** CU Anschutz  
CU Denver

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## 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’ homes or other private residences. Exceptions to this policy require approval of the Dean and EVC/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](#).

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3.a. At the Anschutz Medical Campus, with the approval of the EVC, 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:


2. History:

   Format modified on May 15, 2018 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.

   March 1, 2022: Modified as part of annual review cycle.

3. Cross References/Appendix:

   University Policy Framework and Hierarchy; 3000 – Establishing Campus Administrative Policies
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 EVC (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 ofWaiver (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 and Effectiveness each term.

Dean verifies meeting the following conditions by initialing:

__ Dean has informed faculty member(s) 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 member(s) 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 member(s) that they are responsible/liable for any unsafe conditions on the premises.

__ Dean has informed faculty member(s) 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 EVC (with Date): ________________________________ Date________________