



**Campus Administrative Policy**

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

Policy Number: 1030      Functional Area: Academic and Faculty Affairs

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Effective: January 1, 2013

Date Last Amended/Reviewed: January 1, 2013

Date Scheduled for Review: June 30, 2020

Supersedes: New

Approved by: Roderick Nairn  
Provost and Executive Vice Chancellor for Academic and Student Affairs

Prepared by: Office of the Provost and Legal Counsel  
Reviewing Office: Provost and Executive Vice Chancellor for Academic and Student Affairs

Responsible Officer: Provost and Executive Vice Chancellor 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' 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 \_\_\_\_\_



University of Colorado  
Denver | Anschutz Medical Campus

**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 \_\_\_\_\_



University of Colorado  
Denver | Anschutz Medical Campus

**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 \_\_\_\_\_