



ASSEMBLY STANDING COMMITTEE ON HIGHER EDUCATION

NOTICE OF PUBLIC HEARING

SUBJECT: Virtual Learning in Higher Education

PURPOSE: To examine the continued integration of virtual learning at institutions of higher education.

Tuesday, October 21, 2025
10:00 a.m.
Hearing Room C
Legislative Office Building, Albany, NY

ORAL TESTIMONY WILL BE BY INVITATION ONLY

Accelerated by the COVID-19 pandemic, the adoption of virtual learning by colleges and universities has enabled institutions to offer flexible educational programs to students. This transition has opened higher education opportunities up to students who would otherwise not be able to enroll in training or degree programs for various reasons, including family or work obligations or accessibility concerns. As virtual learning becomes an increasingly prominent fixture in higher education, the Assembly Committee on Higher Education seeks testimony from stakeholders examining the continued integration of virtual learning, including information on: data and metrics related to utilization, enrollment, and student success; measures used for quality assurance; and how public university systems integrate virtual learning on a university-wide and campus-level basis.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to five minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Alicia Hyndman
Member of Assembly
Chair
Committee on Higher Education**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on virtual learning in higher education are requested to complete this reply form as soon as possible and mail, email or fax it to:

Ashley Luz, Principal Analyst
Assembly Committee on Higher Education
Room 513 – Capitol
Albany, New York 12248
Email: luz@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

- ☐ I plan to attend the following public hearing on virtual learning in higher education to be conducted by the Assembly Committee on Higher Education on October 21, 2025.
- ☐ I have been invited to make a public statement at the hearing. My statement will be limited to five minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- ☐ I will address my remarks to the following subjects:

- ☐ I do not plan to attend the above hearing.
- ☐ I would like to be added to the Committee mailing list for notices and reports.
- ☐ I would like to be removed from the Committee mailing list.
- ☐ I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____