



**ASSEMBLY STANDING COMMITTEE ON HIGHER EDUCATION**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Impact of the COVID-19 pandemic on the future of higher education

**PURPOSE:** To explore how colleges and universities in New York have adapted during the COVID-19 pandemic and the long term outlook for higher education

Albany, New York  
Tuesday, November 30, 2021  
10:00 a.m.  
Hearing Room C  
Legislative Office Building

**ORAL TESTIMONY WILL BE BY INVITATION ONLY**

In the spring of 2020, New York's colleges and universities were forced to quickly transition to remote learning and adjust their services and student supports to comply with evolving State and Federal guidelines as a result of the COVID-19 pandemic. Since then, colleges and universities have largely returned to in-person instruction, with many lessons learned through the uncertainties of the last two years. The Committee seeks to explore how the pandemic has changed higher education as it relates to instruction, admissions, enrollment, retention, student life, and career services. The Committee welcomes testimony on the strategies and measures institutions of higher education have taken in these areas and the lessons learned moving forward.

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 5 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.

**Honorable Deborah J. Glick**  
**Member of Assembly**  
**Chair**  
**Committee on Higher Education**

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PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the impact of the COVID-19 pandemic on the future of higher education are requested to complete this reply form as soon as possible and mail, email or fax it to:

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

- I plan to attend the following public hearing on the impact of the COVID-19 pandemic on the future of higher education to be conducted by the Assembly Committee on Higher Education on November 30, 2021.
- I have been invited to make a public statement at the hearing. My statement will be limited to 5 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: \_\_\_\_\_