

**VIRGINIA WESTERN COMMUNITY COLLEGE
APPEAL OF CARE/THREAT ASSESSMENT TEAM DISMISSAL**

Student Name: _____ Semester and Year: _____
Student EmplID: _____ VWCC Student Email Address: _____ @email.vccs.edu

Describe the incident and indicate your reason for appeal:

Submit your appeal electronically from your VCCS student email account to studentconduct@virginiawestern.edu.

Submitted By:

Student

Date

Received by the Dean of Student Services Office on: