

## Form B

## **Response: Postgraduate Tribunal**

Appellant:	Last name	First name	
Respondent:	Last name	First name	
Respondent's Department:		Respondent's Building and Room #:	
Respondent's Principal Phone #:		Respondent's Alternate Phone #:	
Respondent's Email:		Respondent's Fax #:	
Indicate with a □ that the following REQUIRED documents are attached:  □ Statement of the Underlying Facts and the Remedy Sought □ List of Relevant Documents (copies of all documents must also be attached) □ List of the Respondent's Potential Witnesses □ Name of Respondent's Counsel (if any)			
Indicate which of the s.18 power(s) listed here the Respondent OBJECTS to the Board exercising in this appeal:			
	s.18(a)v s.18(a)ix s.18(a)x	x 🗌	
Date:		Signature:	