

Response: Postgraduate Tribunal

Appellant: Last name First name

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Respondent: Last name First name

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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 \checkmark 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)viii
- s.18(a)ix
- s.18(a)x

Date: **Signature:**