

**Form 26(a) Notice of Appeal**

<b>APPELLANT</b>		
<i>Last name</i>	<i>First name</i>	<i>Student number</i>

<b>RESPONDENT</b> (If known. If not known, please leave blank and the Secretary of USAB will determine.)	
<i>Last name</i>	<i>First name</i>

<b>DECISION UNDER APPEAL</b> (If known. If not known, please leave blank and the Secretary of USAB will determine.)		
<i>Name of the decision-maker or the chair of decision-making body</i>	<i>Name of decision-maker's board or office</i>	<i>Date of decision</i>

<b>APPELLANT DETAILS</b>		
<i>Mailing Address</i>	<i>Residential Address (if different)</i>	<i>E-mail Address</i>
<i>Primary Phone #</i>	<i>Alternate Phone #</i>	

<b>REQUIRED SCHEDULES</b>	
<i>Indicate with a ✓ that the following REQUIRED schedules are attached:</i>	
	<p><b>Schedule "A"</b> Copies of ALL decision letters from all prior levels of appeal</p>
	<p><b>Schedule "B"</b> Statement of:</p> <ul style="list-style-type: none"> <li>• The Grounds for Appeal</li> <li>• The Underlying Facts</li> <li>• The Remedy Sought</li> </ul>
	<p><b>Schedule "C"</b> List of relevant documents (copies of all documents must also be attached)</p>

<i>Signature</i>	<i>Date</i>