!!!" #$%&' (!)%*+!, *-&$.!
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!!, *-&$.!*2!3($(45(6!7/8!/977!
:!;#' <#6.!7=8!/971!

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7. T(' (6#-!*+(6#?&*' G&!&' 26#G?6<$?<6(&!#' @!X*6[!#GG&C' 4(' ?!&' !?%(!" #$%&' &' C!H#$&-&?. 0!!

/. , 6*S($?!4#' #C(4(' ?!?%6*<C%!#$$(+?#' $(!#' @!#++6*\#-!*2!, 6*S($?!F(]<(G?!H*64!IH/J&!$*G?!
   ]<*?#?&*' G&!X*6[!@&G?6&5<?&*' &!4#&' ?(' #' $(!*2!?%(!]<(<(&!$*44<' &$#?&*' !X&?%!?%(!$-&(' ?!
   #' @!G<54&??&' C!$*4+-(?(@!, 6*S($?!F(]<(G?!#' @!E%#6C(!Q#$[!H*64!IH=J!?*!L" 0!!

K. A$?&' C!#G!?%(!" #$%&' (!)%*+!)#2(?. !E**6@' #?*6&!+6*\&@&' C!?6#&' &' C!C!G(GG&*' G!?**!G?<@(' ?G!*' !
   G#2(!#' @!$*66($?!<G(!*2!I(]<&+4(' ?!*!&+4(' ?!J!?%(!)%*+!!#' &' !#\*&@&' C!!#%#D#6@G!

M. P+@#?&&' C!#!G(?!*2!X6&??(' !" ($%!U' C&' ((6&' C!b)#2(!#' @!U22&$&(' ?!)%*+!!B+(6#?&&' C!, 6*$(@<6(G$!
   I)U)B, J!2*6!?%(!(!<G(!*2!?*** -G!#' @!4#$%&' (. !#!5G(6\&' C!?!?%#?!?%(!X*6[!!&' ?!?%(!)%*+!!&G!@*' (!
   #$$*6@&&' C!?!?*!?%(( 4.!

N. E*' G<-?#?&&' G!X&?%!C6#' &G?<@(' ?G!*!#G!' ((@(@!?*!$<G?*4!&!6*S($?!@(G&C' !&GG<(G.!

O.

70 P' @(6C6#@<#?(!G?<@(' ?G!$#' !<G(!?%(!Q79K!" #$%&' (!)%*+!&' !*6@(6!?*!$*4+-(?(!$*<6G(!X*6[!
#G!6(]<&6(@!&' !?%(&6!$*<6G(!*<?-&' (8!2*6!" UER!/99&!KN98!M998!#' @!Q" U!KN90!

/0 >' !*6@(6!?*!$#66.!*<?!G<$%!X*6[8!?%(!" #$%&' (!)%*+!&G!#\#&-#5-(!#?!?%(!2*--*X&' C!?%&4(G:!
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| Y(64G! | 3#?(:! | E*<6G(G! | )(GG&*' !A! | )(GG&*' !Q! |
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| )+6&' C! | H(5!IX(([G:!/8!K!Z!MJ! | KN98!M99! | | |
| )+6&' C! | " #6$%!IX(([G:!78!/8!K8!Z!MJ! | KN98!M99! | | |
| )<44(6! | ;<' (!IX(([G:!/8!K!Z!MJ! | M99! | | |
| )<44(6! | | | | |

Y%(!" #$%&' (!)%*+!I7J!&' !Q79K!$#' !5(!<G(@!#2?(6!6(C<-#6!X*6[&' C!%*<6G!<' ?&-!79:K9!+4&!5.!

10　, (6G*' #-!$*' 26*' ?#?&*' !G%*<-@!5(!#\*&@(@!#?!#--!?&4(G0!>' ?(6W+(6G*' #-!&GG<(G!4<G?!5(!
@*$<4(' ?(@!&' !X6&?&' C!#' @!G<54&??(@!?*!?%(!E%#&6&!X%*!4#. !#?!%&Gd%(6!@&G$6(?&*' !@&6($?!
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H/J!" ($%!, 6*$($?!F(]<(G?dE%#6C(!H*64!

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HMJ!)<+(6PG(6!Ue+(6&(' $(!H*64!

H=J!E*' G<4#5-(G!E%#6C(WQ#$[!L*C!

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H7J!" ($%!)%*+!U]<&+4(' ?!)&C' WB<?!L*C!I>' ?(6' #-J!

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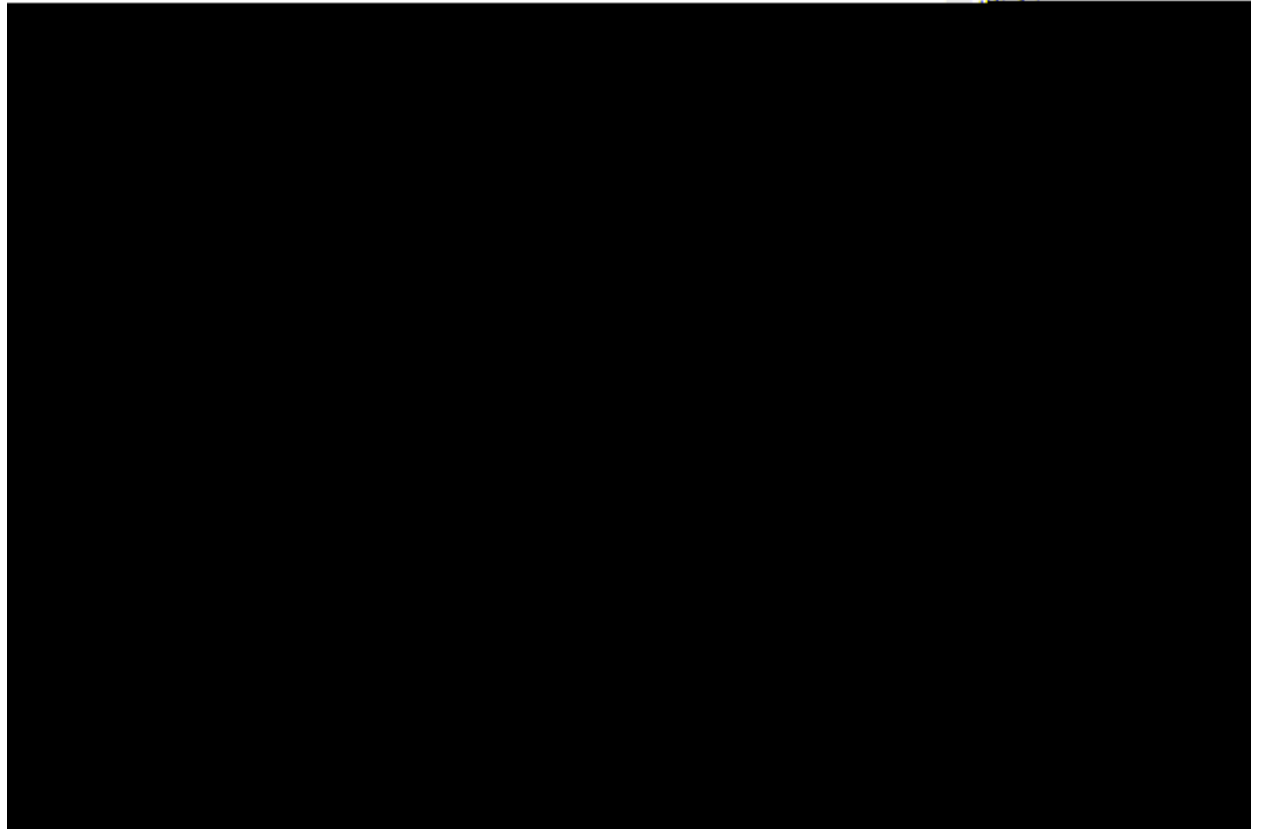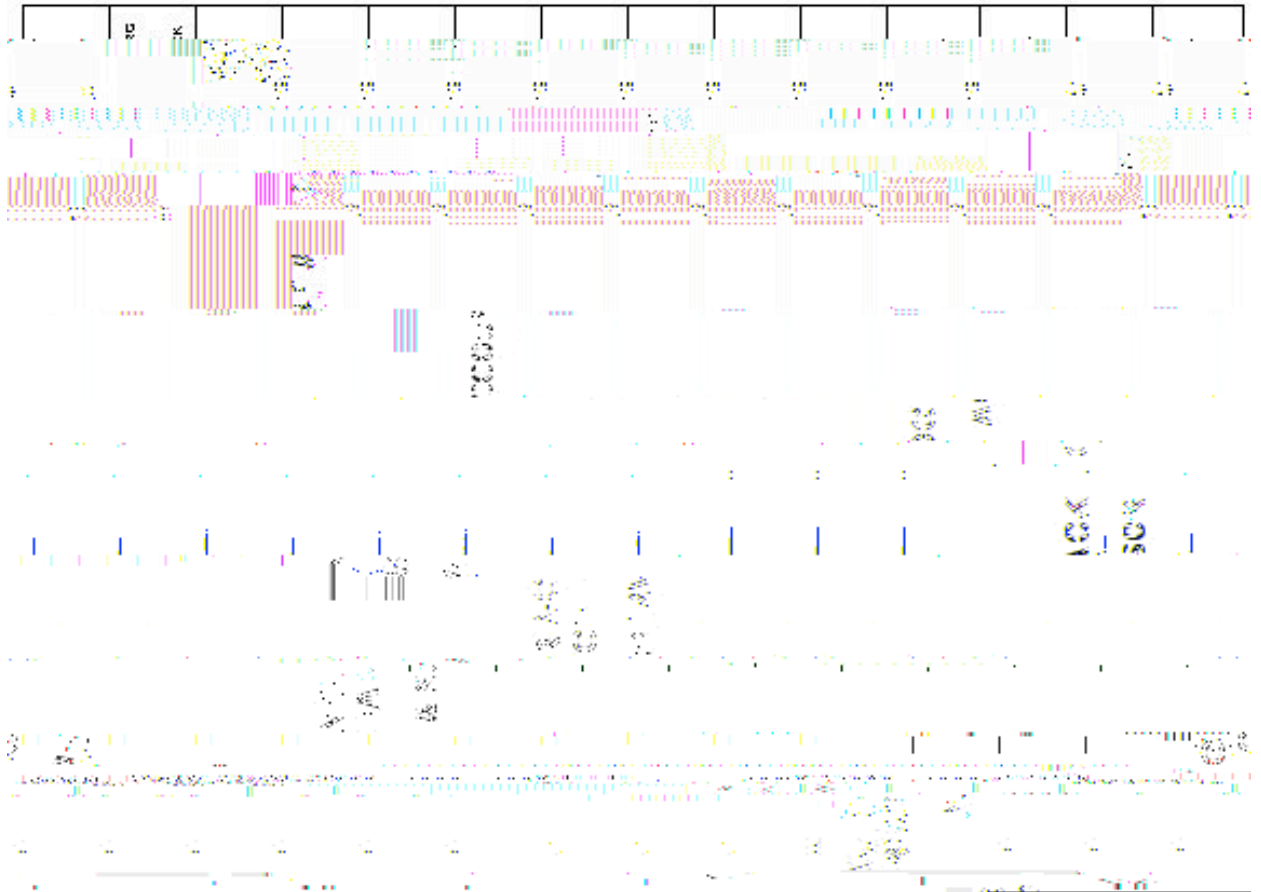
H1J!" ($%!)%*+!` *6[!f<(<(!)%((?!I>' ?(6' #-J!

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A++(' @&e!A:!)#4+-(!)%*+!@6#X&' C!I

Department of Mechanical Engineering

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Department of Mechanical Engineering Machine Facility
University of Victoria

Applicant: _____     Location: _____   Phone: _____

Supervisor _____

| Approx Date d/m/y | Work/Project Description | Instructor /Shop Supervisor | Hours |
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This is to certify that the information I here provide is true to the best of my knowledge.

eFT T ඟ 24 0 0 0 24 235 52

H=!W!E*' G<4#5-(G!E%#6C(WQ#$[!L*C!
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