

UNIVERSITY OF VICTORIA
FACULTY OF ENGINEERING
TERM YEAR WORK TERM REPORT

TITLE

Department of Mechanical Engineering
University of Victoria
Victoria, BC

FIRST LAST
V001111111
Work Term ?
Mechanical Engineering
email@uvic.ca

March 6, 2015



Supervisor's Approval: To be completed by Employer

I approve the release of this report to the University of Victoria for evaluation purposes only.

The report is to be considered (select one): ☐ NOT CONFIDENTIAL ☐ CONFIDENTIAL

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Name (print): _____ E-Mail: _____ Fax : _____

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March 6, 2015

Name
Title
Organization

Dear Sal. Name,

Text here

Sincerely,

First Last

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Summary

Glossary

- 1 Introduction**
- 2 Discussion**
- 3 Conclusions**
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Appendices

Appendix A app1 name

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