**FACULTY OF ENGINEERING ENTREPRENEURSHIP SUPPORT PROGRAM**

**APPLICATION TO USE ENGINEERING STUDENT MACHINE SHOP (ESMS) FACILITIES**

**Notes:**

1. **The ESMS is only open to current students and alumni who are registered in an entrepreneurship program at the University of Waterloo.**
2. **The purpose of this form is to verify the identity of eligible applicants. It does not guarantee access to ESMS. Only ESMS personnel can authorize users.**

Full name: Click here to enter text. Date: Click here to enter a date.

Email: Click here to enter text. Phone: Click here to enter text.

Student ID: Click here to enter text. Graduation year: Click here to enter text.

1. Registered in the Faculty: Applied Health Sciences

Arts

Engineering

Environment

Mathematics

Science

Other (please specify): Click here to enter text.

2. Indicate the year and term that you would like to use ESMS Facilities:

Year: Click here to enter text. Term:  Fall  Winter  Spring

3. Indicate the Entrepreneurship program

Enterprise Co-op (E Co-op)

Velocity

Other (please specify): Click here to enter text.

4. Indicate your reason for requesting use of ESMS Facilities:

Click here to enter text.

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Applicant’s Signature

Verification of Identity by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Officer and Signature Program/Unit Email and extension

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Official Use (to be completed by ESMS Manager or Delegate)

Approved  Not approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ESMS Supervisor Name

FORM ESMS1.Version 15.10.13