

# Your Helpful Friend

## Answer Sheet for Unit One

**CL3230**

*Please fill in the blanks below:*

Your name .....

Your ICI Student Number .....

(Leave blank if you don't know what it is.)

Your Mailing Address .....

.....

City ..... State or Province .....

Zip or Postal Code .....

Country .....

Age ..... Sex .....

Occupation .....

How many members are in your family? .....

How many years have you studied in school? .....

If you are a member of a church, what is the name of your church?

.....

What responsibility do you have in your church? .....

.....

How are you studying this course: Alone? ..... In a group? .....

What other ICI courses have you studied?

.....

*Now, turn the page and answer all questions.*

**ANSWER SHEET FOR UNIT ONE**

*Blacken the correct space for each numbered item.*

1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C
6	A	B	C
7	A	B	C

8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C

Write below any questions you would like to ask your instructor about the lessons.

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.....  
.....

*Now look over this answer sheet to be sure you have completed all the questions. Then return it to your ICI instructor or office in your area. The address should be stamped on the copyright page of your study guide.*

For ICI Office Use Only
Date ..... Score .....

**Christian Life Program**

# Your Helpful Friend

## Answer Sheet for Unit Two

**CL3230**

*Please fill in the blanks below:*

Your name .....

Your ICI Student Number .....  
(Leave blank if you don't know what it is.)

Your Mailing Address .....

.....

City ..... State or Province .....

Zip or Postal Code .....

Country .....

### REQUEST FOR INFORMATION

The ICI office in your area will be happy to send you information about other courses that are available and their cost. You may use the space below to ask for that information.

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*Now, turn the page and answer all questions.*

**ANSWER SHEET FOR UNIT TWO**

*Blacken the correct space for each numbered item.*

1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C
6	A	B	C
7	A	B	C

8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C

Write below any questions you would like to ask your instructor about the lessons.

.....

.....

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**CONGRATULATIONS**

You have finished this course. We have enjoyed having you as a student and hope you will study more courses with ICI. Return this student report answer sheet to your instructor or to the ICI office in your area. When we have checked your answers, we will send you a certificate for this course in your program of studies.

Please print your name below as you want it to appear on your certificate.

Name .....

For ICI Office Use Only
Date ..... Score .....

**Christian Life Program**

**CL3230 Your Helpful Friend**  
Decision Report and Request Card

After studying this course, I have placed my trust in Jesus Christ as my Savior and Lord. I am returning this card with my signature and address to your ICI office for two reasons: first, to testify to my commitment to Christ and, second, to request information about more material to help me in my spiritual life.

NAME.....

ADDRESS .....

.....

SIGNATURE .....



**THE GREATEST OF ALL  
IS THE SERVANT OF ALL**

Serving is one of the greatest ways we can show our love to God. ICI courses prepare you to better serve others.

Using our courses will create an orderly system of Bible study and encourage a better understanding of spiritual truths.

The following courses will assist you in becoming an able servant of the Lord to others:

- THE GREAT QUESTIONS OF LIFE
- GOD LOVES YOU
- WHO JESUS IS
- WE BELIEVE
- GOD'S DESIGN—YOUR CHOICE
- CHRISTIAN WORSHIP
- PERSONAL EVANGELISM
- ALIVE IN CHRIST
- CHRISTIAN MATURITY

*If you desire a more detailed description about each course or directions on how to enroll in any of these courses, contact your local ICI director.*

**SEND US THE NAMES AND ADDRESSES  
OF YOUR FRIENDS**

We will send them Lesson 1 of  
“The Great Questions of Life.”

Print Clearly

Name .....

Mailing Address .....

City.....

Province or State .....

Country .....

E-mail.....

Name .....

Mailing Address .....

City.....

Province or State .....

Country .....

E-mail.....

Name .....

Mailing Address .....

City.....

Province or State .....

Country .....

E-mail.....

Your Name .....

Mailing Address .....

City .....

Province or State .....

Country .....

E-mail .....