

We Believe

Answer Sheet for Unit One

CL3330

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.

.....
.....
.....

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

We Believe

Answer Sheet for Unit Two

CL3330

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.

.....
.....
.....
.....

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

CL3330 We Believe
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.

To begin preparing for God's service, we suggest enrolling in courses offered from our **Christian Service Program**.

Some courses from the **Christian Service Program** are:

- 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