

# CORNERSTONES OF TRUTH

## ANSWER SHEET FOR UNIT ONE

**CS3131**

*Congratulations on finishing your study of the lessons in Unit One! Please fill in all the blanks below.*

Your Name .....

Your ICI Student Number .....

(Leave blank if you do not know what it is.)

Your Mailing Address .....

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

Country .....

Age ..... Sex ..... Occupation .....

Are you married? ..... How many members are in your family? .....

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

Are you a member of a church? .....

If so, what is the name of the 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? .....

.....

.....

Cut this page and send to your ICI instructor.



## ANSWER SHEET FOR UNIT ONE

*Blacken the correct space for each numbered item. For all questions, be sure the number beside the spaces on the answer sheet is the same as the number of the question.*

<p>1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>4 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>5 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>6 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>7 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p>	<p>8 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>9 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>10 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>12 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>13 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>14 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p>	<p>15 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>16 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>17 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>18 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>19 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>20 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p>
--	---	---

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

.....

.....

.....

*Now look over this student report 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 Service Program

# CORNERSTONES OF TRUTH

## ANSWER SHEET FOR UNIT TWO

**CS3131**

*We hope you have enjoyed your study of the lessons in Unit Two!  
Please fill in all the blanks below.*

Your Name .....

Your ICI Student Number .....  
(Leave blank if you do not know what it is.)

Your Mailing Address .....

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

Country .....

*Cut this page and send to your ICI instructor.*



## ANSWER SHEET FOR UNIT TWO

*Blacken the correct space for each numbered item. For all questions, be sure the number beside the spaces on the answer sheet is the same as the number of the question.*

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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

.....

.....

.....

*Now look over this student report 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.*

<i>For ICI Office Use Only</i>	
<b>Date</b> .....	<b>Score</b> .....

Christian Service Program

# CORNERSTONES OF TRUTH

## ANSWER SHEET FOR UNIT THREE

**CS3131**

*We hope you have enjoyed your study of the lessons in Unit Three! Please fill in all the blanks below.*

Your Name .....

Your ICI Student Number .....  
(Leave blank if you do not know what it is.)

Your Mailing Address .....

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

Country .....

### REQUEST FOR INFORMATION

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

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

Cut this page and send to your ICI instructor.



## ANSWER SHEET FOR UNIT THREE

*Blacken the correct space for each numbered item. For all questions, be sure the number beside the spaces on the answer sheet is the same as the number of the question.*

1	A	B	C	D	8	A	B	C	D	15	A	B	C	D
2	A	B	C	D	9	A	B	C	D	16	A	B	C	D
3	A	B	C	D	10	A	B	C	D	17	A	B	C	D
4	A	B	C	D	11	A	B	C	D	18	A	B	C	D
5	A	B	C	D	12	A	B	C	D	19	A	B	C	D
6	A	B	C	D	13	A	B	C	D	20	A	B	C	D
7	A	B	C	D	14	A	B	C	D					

Please write below one specific comment about the unit:

.....

.....

.....

### CONGRATULATIONS!

You have finished this Christian Service course. We have enjoyed having you as a student and hope you will study more courses with ICI. Return this unit student report answer sheet to your ICI instructor or office in your area. You will then receive your grade on a student score report form along with a certificate or seal for this course in your program of studies.

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

Name .....

<i>For ICI Office Use Only</i>	
<b>Date</b> .....	<b>Score</b> .....

Christian Service Program