

CS3231

UNIT ONE ANSWER SHEET

*Congratulations on finishing your study of the lessons in Unit 1!
Please fill in all the blanks below.*

Your Name

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

Your Mailing Address

.....

City

Province/State Postal/Zip

Country

Occupation Age

Sex

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 GU courses have you studied?

.....

.....

Cut this page and send to your GU 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.

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

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

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

FOR GU OFFICE USE ONLY	
Date	Score
GU CHRISTIAN SERVICE PROGRAM	

CS3231

UNIT TWO ANSWER SHEET

*We hope you have enjoyed your study of the lessons in Unit 2!
Please fill in all the blanks below.*

Your Name

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

Your Mailing Address

.....

City

Province/State Postal/Zip

Country

Cut this page and send to your GU 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"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D					

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UNIT THREE ANSWER SHEET

*We hope you have enjoyed your study of the lessons in Unit 3!
Please fill in all the blanks below.*

Your Name

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

Your Mailing Address

.....

City

Province/State Postal/Zip

Country

Cut this page and send to your GU 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	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
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Date	Score
<i>GU Christian Service Program</i>	

CS3231

Your Name

Your GU Student Number

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

Your Mailing Address

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City

Province/State Postal/Zip.....

Country

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ANSWER SHEET FOR UNIT THREE

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Your Name

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

Your Mailing Address

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City

Province/State Postal/Zip

Country

REQUEST FOR INFORMATION

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

.....
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Cut this page and send to your GU instructor



INVITATION TO ACCEPT JESUS CHRIST AS LORD AND SAVIOR

Becoming a Christian and receiving the gift of eternal life is a choice you make. God has done everything possible to open the door to heaven for you. Jesus suffered a cruel death on the Cross, taking the punishment we rightfully deserved, so that the very worst of sinners can now be fully forgiven and receive the gift of eternal life.

To receive this gift, you need to admit that you are a sinner and ask God to forgive you of all the evil deeds you have done. You need to trust in and take Jesus Christ into your life as your Lord and Savior.

If you are ready to receive Jesus, say this prayer now and mean it from your heart:

Dear Father in heaven, I recognize today that I have sinned against you, and it is my desire to turn away from my sins from this day forward. Please forgive me. I also believe You sent Your Son, Jesus Christ, to die in my place on the cross and that He rose from the dead on the third day. I receive Him today as my Lord and Savior by faith and will live for Him the rest of my life. Please change my life and make your presence known in me. I ask this in Jesus' holy name, Amen.

CS3231

Please write in BLOCK letters:

Your Name:

Post Office Box:

Street Address:

.....

City:

State/Province:

Postal or Zip Code:

Country :

E-mail address:

1. *Were you a Christian, having understood God's plan of salvation and accepted Jesus as your Savior, before starting this course?*
2. *Did you accept Jesus Christ as a result of studying these lessons?*
3. *Do you belong to a local church? If so, what church?*
4. *Would you like to have an address of a local church in your area?*
5. *Would you like to have information about other courses like this that you can study?*

Cut this page and send to your GU instructor



Congratulations on having finished this Christian Service course. Cut this sheet from your course and send it to your national Global University office if indicated or local church study center or Global University's international headquarters in Springfield, MO, USA (address shown on the back cover).

May God bless you as you love and serve Him.

SEND US THE NAMES AND ADDRESSES OF YOUR FRIENDS

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

Print Clearly

Last Name

First Name

Mailing Address

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City

Province or State

Zip or Postal Code

Country

Last Name

First Name

Mailing Address

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City

Province or State

Zip or Postal Code

Country

Cut this page and send to your GU instructor



Last Name

First Name

Mailing Address

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City

Province or State

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Country

Last Name

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