Reformation International College
Reformation International Theological Seminary
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Student Name:_____

ID #: _____

Monthly Study Report

Month of _____ Year _____

Course Name:_____ Expected Time of Course Completion:_____

DATE	Day of Week	Projected Amount of Study [1]	Actual Amount of Study	Projects Completed [2]

USE REVERSE SIDE IF MORE SPACE IS REQUIRED

[1] *Fill this block in at the beginning of each month with daily goals.*
[2] *For example: 2 chapters of text read, listened to tape #4 in series, etc.*