



# Christian Institute of Arts & Sciences

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## READING BOOK RECORD

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year: 20\_\_\_\_-20\_\_\_\_\_

#	Date	Title of Book	Author	# of Pages
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

I certify by my signature that the above books were read in their entirety.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Required to validate grade report

Quarter:	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Semester:	I	<input type="checkbox"/>	II	<input type="checkbox"/>	Summer	<input type="checkbox"/>		