SOUTHWEST TEXAS CONFERENCE UNITED METHODIST WOMEN **DISTRICT _____** _____

ANNUAL DISTRICT APPROVED STUDY REPORT **YEAR ENDING DATE_____**

(Due to Conference CoordinatorJune 15)

LOCAL UNIT	TOWN/CITY	TITLE OF STUDY	DATE COMPLETED	TOTAL HOURS	NUMBER ATTENDED	ACTION TAKEN

District Mission Coordinator for Education and Interpretation _____

Revised Aug, 2005