



**Iliff School of Theology | MTS LEARNING PLAN CONTRACT**

**General Information**

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**Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_  
First Middle Last

**Email Address:** \_\_\_\_\_ **Date of Approval Meeting:** \_\_\_\_\_

**Requirements**

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1. The student will arrange a consultation with the MTS Program Director and obtain the learning contract form.
2. The student must fill out the learning contract form and submit it to the MTS Program Director prior to the consultation.
3. The learning plan must be completed with the MTS Program Director, signed by the student and the student’s academic advisor, and submitted to the registrar’s office prior to registration in the student’s second quarter in the program.

**Learning Plan Survey**

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1. Describe your areas of general interest, especially those that might impact your final thesis (vocational interests, hobbies, talents, etc.)

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2. Describe your specific areas of research interest.

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3. Describe your post-graduation goals, hopes, and/or plans.

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4. List specific areas of Iliff's curriculum that you would like to explore (such as Sacred Texts, Constructive Theology, etc.) and/or specific courses you would like to take.

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5. Briefly state the expected topic or focus of your thesis.

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**Signatures:**

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MTS Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Email, fax or mail this document | email: [cbaca@iliff.edu](mailto:cbaca@iliff.edu) | fax: 303.765.1141  
Office the Registrar | Iliff School of Theology | 2323 East Iliff Avenue | Denver, CO 80210

Office Use Only:	
Registrar: _____	_____
Notes	Date Received