



## CHANGE TO RESIDENCY FORM

**Changes to the residency must be submitted to MSAC prior to the requested change. The site coordinator and residency artist(s) must jointly complete and sign this form.**

**THIS FORM IS THE ARTIST'S RESPONSIBILITY. PLEASE DO NOT LEAVE THIS FORM FOR THE SCHOOL TO FINISH AND MAIL.**

Artist-Name: \_\_\_\_\_

Site Coordinator- Name: \_\_\_\_\_

School Name: \_\_\_\_\_

**CIRCLE ONE:**    **Performing arts**                      **Visual arts**                      **Poetry**                      **Playwriting**

1. What is the reason for the change to the number of sessions?
  
  
  
  
  
  
  
  
  
  
2. Makeup sessions should be discussed. If this is not possible, explain why:
  
  
  
  
  
  
  
  
  
  
3. What is the proposed change to the sessions?

4. Please fill out the new configuration below:

	<b>NUMBER OF STUDENTS</b>	<b>NUMBER OF SESSIONS</b>
Core Group 1		
Core Group 2		
Core Group 3		
Core Group 4		
Core Group 5		
Core Group 6		
Core Group 7		
Core Group 8		
Core Group 9		
Core Group 10		
<b>TOTAL</b>		

**SIGNATURES ARE REQUIRED**

**SITE COORDINATOR:**

Name \_\_\_\_\_ Date \_\_\_\_\_

**ARTIST:**

Name \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO: AiE Program Director, MSAC, 175 W. Ostend Street, Suite E, Baltimore, MD 21230.**