

Exhibit B Program Plan Amendment to Dual Course Credit Partnership Agreement Between Lone Star College and

	is Program Plan Amendment is entered into by and between Lone Star College (the
"Co	ollege") and (the "School"). College and School do
he	reby agree to the following:
I.	STATEMENT OF PURPOSE/INTENT
	The purpose of this Amendment is to outline additional details related to dual credit courses and programs not specifically addressed in the Dual Course Credit Partnership Agreement, dated ("Agreement"). This is the (first, second, third, etc.) amendment
	to the Agreement.
	This Amendment sets out the terms and conditions of the articulation of students receiving credit from the College
	each institution. All other terms and conditions stipulated in the Agreement shall remain in force and fully applicable to this Amendment. In the case of any conflict between this Amendment and the Exhibits, this Amendment will govern. In the case of any conflict between this Amendment and the Agreement, this Amendment will govern.
II.	OTHER PROGRAM SPECIFIC AGREEMENT INFORMATION, IF APPLICABLE
	ISD:
	ISD Lead Instructor:
	LSC AAS Degree:
	LSC Certificates leading AAS:
	LSC Department Chair:
	Academic Calendar Year:

ISD Courses	PEIMS Course #	High School Credits	HS Grade Level	Lone Star College Courses	Lone Star College Course #	College SCH	Weekly Contact Hours	Class Periods Needed Per Grade Level

Lone Star College Course	Supplies needed for course	Capital Equipment needed for course	Course/Program Prerequisites	Age requirements for students ¹

Description	Approximate Cost	School	Shared	Lone Star College

 $^{^{\}rm 1}\,\mbox{The College}$ does not discriminate on the basis of age.

The Parties have executed this Amendment in multiple counterparts. The effective date of this Amendment will be the date of the last signature below.

LONE STAR COLLEGE		SCHOOL Armard Am	deson
Signature	Date	Signature	Date
Dr. Gerald Napoles			
Printed Name		Printed Name	
VC Special Assistant to the Chancellor			
Title		Title	
Signature	Date	Signature	Date
Printed Name		Printed Name	
Vice Chancellor, Student Success			
Title		Title	

Note: Modification of this Form requires approval of OGC.