様式第10号（第10条関係）

看護職員修学資金返還方法変更願

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 資金 | | 課程 | 修学生番号 | | | | | | | | | | | | | | | | | | |
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|  | 貸与金額 | | | | | | | |  | | |  | | |  | |  | |  |  | | 円 | | 免除金額 | | | | |  | |  | |  | |  | |  | | |  | | | | 円 | | | |  | | | |
|  | 返還済額 | | | | | | | |  | | |  | | |  | |  | |  |  | | 円 | | 返還方法変更後の返還金額  ＝（－－） | | | | |  | |  | |  | |  | |  | | |  | | | | 円 | | | |  | | |
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|  | 返 還 方 法 | | 変更前 | | | １　一括払　　　２　月賦　　　３　半年賦 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | 変更後 | | | １　一括払　　　２　月賦　　　３　半年賦 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | 変更後の  返還期間 | | | | 元号 | | | | | | | | | | | 年 | | | | | 月 | | | | か　ら | 返還回数 | |  | | | | | |  | | | | | 回 | | | | | | | |
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| 変更後の第１回目  返還額 | | |  | |  |  |  |  |  | 円 | 変更後の第２回目  以降返還額 |  |  |  |  |  |  | 円 |
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|  | 変更の理由 | | |  | | | | | | | | | | | | | | | | |  | |
|  |  |
|  | 上記のとおり返還方法を変更したいので承認をお願いします。  年　　月　　日  　（宛先）  　　滋賀県知事  本人　住所　〒  氏名　　　　　　　　　　　　　　　　　　　㊞  電話番号 | | | | | | | | | | | | | | | | | | |  | |

注　用紙の大きさは、日本産業規格Ａ列４番とします。