



国立忠北大学

交换生申请材料指南

申请材料

1. 学生本人护照复印件
2. 交换学生申请表【附件1】
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9. 学信网开具的中英文《教育部学籍在线验证报告》
10. 银行存款证明（人民币5万元，以学生名义进行存款，冻结6个月）

01 护照复印件



申请者本人护照复印件

***护照有效期截止至少1年以上**

比如2026年3月入学:

护照有效期需在2027年3月后

相关表格

[붙임 1, Form 1] PLEASE TYPE AND PRINT CLEARLY

교환학생 지원 신청서
Application Form for Exchange Student Program
☐ Spring 2026 ☐ Fall 2026

성명 Name (Last/First name)	(Korean) (Chinese) (English) (Last) (First)	사진 Affix your current photo
국적 Nationality	성별 Gender ☐ 남 M ☐ 여 F	
생년월일 Date of Birth	여권번호 Passport No.	
연락처 Contact	전화번호 Tel : + 전자우편 E-mail :	
대학/학과 Home University	대학(University) 학과(Department/Major)	
학년 School Year	Undergraduate () Year Master () Year Doctoral () Year	
희망 전공 Academic Major in CBNU	수학기간 Duration of Study ☐ 1 Semester ☐ 1 Year	
한국어능력 Korean Proficiency	Speaking ()상 E ()중 A ()하 P Listening ()상 E ()중 A ()하 P E - Excellent, A - Average, P - Poor	TOPIK Level ()급
외국어능력 Other Languages	English ()상 E ()중 A ()하 P Others(If any)	

I hereby certify the above information is true and submit this application form for the exchange student program.

서명일 Date : 서명 Signature :

电脑端填写后打印
出来学生本人亲笔
签字

02 交换学生申请表

교환학생 지원 신청서
Application Form for Exchange Student Program
☐ Spring 2026 ☐ Fall 2026

성명 Name (Last/First name)	(Korean) 韩文名字, 没有就空出来 (Chinese) 中文名字 (English) (Last) (First) 名字	사진 Affix your current photo
국적 Nationality	성별 Gender 性别 ☐ 남 M ☐ 여 F	
생년월일 Date of Birth	여권번호 Passport No. 护照号码	
연락처 Contact	전화번호 Tel : + 86 + 中国手机号码 전자우편 E-mail : 电子邮箱地址 (请创建一个Outlook的邮箱)	
대학/학과 Home University	대학(University) 本科毕业院校 학과(Department/Major) 本科毕业专业	
학년 School Year	Undergraduate 本科第几年 Master 硕士第几年 Doctoral 博士第几年	
희망 전공 Academic Major in CBNU	希望申请专业	수학기간 Duration of Study ☐ 1 Semester 申请1学期还是1学年 Duration of Study
한국어능력 Korean Proficiency 自己评价	Speaking ()상 E ()중 A ()하 P Listening ()상 E ()중 A ()하 P E - Excellent, A - Average, P - Poor	TOPIK Level ()급 TOPIK成绩等级
외국어능력 Other Languages 外语能力	English ()상 E ()중 A ()하 P Others(If any)	

I hereby certify the above information is true and submit this application form for the exchange student program.

서명일 Date : 日期: YYYY,MM,DD 서명 Signature : 拼音大写签名

相关表格

电脑端填写后打印
出来学生本人亲笔
签字

[붙임 2, Form 2] PLEASE TYPE AND PRINT CLEARLY

 **학습계획서**
Study Plan in CBNU
☐ Spring 2026 ☐ Fall 2026

Introduce yourself and write a statement of purpose describing your reasons for pursuing studies at Chungbuk National University.

[붙임 3, Form 3] PLEASE TYPE AND PRINT CLEARLY

 **건강 문진표 Personal Medical Assessment**
☐ Spring 2026 ☐ Fall 2026

Attention! This form is just a personal medical assessment and applicants do not need to have a comprehensive medical examination now. However, applicants must obtain comprehensive medical examination result from a licensed physician or doctor and submit them after being issued a visa. If results show that the applicant is unfit to study and live overseas, you will be considered disqualified for this exchange program.

QUESTION	YES	NO	IF YES, PLEASE EXPLAIN
Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)?			
Do you have allergies?			
Do you have hypertension?			
Do you have diabetes?			
Do you have any type of hepatitis?			
Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.)			
Have you ever been addicted to alcohol?			
Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally?			
Have you been hospitalized in the last two (2) years?			
Have you had any serious injury, ailment or sickness in the last five (5) years?			
Do you have any visual or hearing impairment?			
Do you have any physical disabilities?			
Do you have any cognitive/mental disabilities?			
Are you taking any prescribed medication?			
Are you on a special diet?			
Are you pregnant?			
Do you do drugs?			

 **건강문진표 个人健康评估**
☐ 2026年春季 ☐ 2026年秋季

注意! 本表格仅为个人健康评估表, 申请人目前无需进行全面体检。但申请人必须取得持证人或医生开具的全面体检报告, 并在获得签证后提交。若体检结果显示申请人不适合留学及海外生活, 您将被视为失去参加本交换项目的资格。

问题	是	不	如果是, 请说明
您是否患有传染病并可能对公众健康造成威胁 (例如但不限于结核病和性传播疾病)?			
您是否过敏?			
您有高血压吗?			
您是否患有糖尿病?			
您是否患有任意类型的肝炎?			
您是否曾遭受或接受过抑郁症、焦虑症或其他任何精神或情绪障碍的治疗? (如果您接受过治疗, 请说明并附上正式医疗报告。)			
您曾经对酒精上瘾吗?			
您是否曾经合法或非合法使用过任何麻醉剂、兴奋剂、致幻剂或其他物质?			
过去两年(2)内您是否住院治疗过?			
过去五年(5)内, 您是否遭受过严重伤害、疾病或病痛?			
您是否有视觉或听觉障碍?			
您是否有身体残疾?			
您是否存在认知/精神障碍?			
您是否正在服用处方药?			
您正在吃特殊饮食吗?			
您怀孕了吗?			
您吸毒吗?			

[붙임 4, Form 4, 表格4] 请清晰地打印和打印

03 学业计划书 (中文或英文填写)

04 健康问诊表

健康问诊表中文翻译

相关表格

[붙임 4, Form 4] PLEASE TYPE AND PRINT CLEARLY



개인정보 제공 동의서
Applicant Agreement
□ Spring 2026 □ Fall 2026

As an applicant for 2025 Exchange Student Program of Chungbuk National University, I agree to abide by the following; ※ Please read each article, check each box and sign below.

- The information I have provided in these application forms is true and accurate and all documents I have submitted to Chungbuk National University (hereafter CBNU) are genuine. ☐
- I will abide by all the Korean laws and ordinances. ☐
- I will respect and uphold the values of the Korean culture and society. ☐
- I will maintain financial integrity at a personal level. ☐
- I will abide by the academic regulations and requirements of CBNU. ☐
- I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that CBNU will not provide any extra expenses or support in regards to my dependents. ☐
- I hereby authorize CBNU to verify the information disclosed in this application form and the documents required by CBNU as well as to collect any other information deemed necessary by CBNU to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting recommendation referees or previous employers. ☐
- I hereby understand that all information provided to CBNU will be stored in secure servers where access will be limited to CBNU and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms. ☐

I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in suspension or cancellation of this exchange program.

서명일 Date : 서명 Signature :

电脑端填写后打印
出来学生本人亲笔
签字

05 个人信息提供同意书

[붙임 4, 表格 请清晰地打字和打印]



个人信息提供同意书
申请人协议
春季2026年 秋季2026年

作为忠北国立大学2025年交换生项目申请者，我同意遵守以下内容；请阅读每一条款，勾选每个框并在下方签名。

- 我在这些申请表中提供的信息是真实和准确的，我提交给忠北国立大学（以下简称CBNU）的所有文件都是真实的。
- 我将遵守所有韩国法律和条例。
- 我将尊重并维护韩国文化和社会的价值观。
- 我将在个人层面上保持财务诚信。
- 我将遵守CBNU的学术规定和要求。
- 我明白，如果我有何需要陪同我前往韩国的受抚养人，那么所有与这些受抚养人相关的事务，如签证发放等，均由我负责，而CBNU将不会为我的受抚养人提供任何额外的费用或支持。
- 我在此授权CBNU核实本申请中披露的信息以及CBNU所要求的文件，并收集任何CBNU认为必要的其他信息，以判断我作为申请人的适格性。这包括但不限于联系推荐人、前雇主等。
- 我在此明白，所有提供给CBNU的信息都将存储在安全的服务器上，只有CBNU及其附属机构才有权访问这些信息。我理解将尽一切合理努力来保护机密和敏感信息。通过下面的签名并提交我的申请，我同意这些条款。

我确认我已经阅读了上述所有条件。我也明白，违反上述任何一项可能导致暂停或取消此交流项目。

签名日期： 签名：

相关表格

第5页, 格式5) 请清晰地打字和打印

个人信息收集、使用和向第三方披露协议

忠北国立大学国际事务办公室在根据相关法律法规, 包括《个人信息保护法》第15、17和24条的规定, 收集、使用或向第三方提供个人信息时, 需要获得个人的同意。在此, 我同意将我的个人信息按照如下所述的方式收集、使用或提供给第三方。	
收集和使用 个人信息的目的 及保留期	在参与“与海外姊妹大学的来华交换生项目”时, 进行资格验证和行政程序所需的程序。 1) 当CBNU OLA开设的“海外姊妹大学来华交换生项目”时, 收集学生选择和录取所需的信息。 2) 在CBNU OIA运营“与海外姊妹大学的来华交换生项目”时, 向姐妹大学提供学生的个人信息以完成验证程序。 3) 半永久性
个人信息 接收者	收集的个人信息将提供给第三方 (1) 移民局 (2) 宿舍 (3) 伙伴、知己和全球支持者 4) 每个部门和 (5) CBNU的相关部门, 直到达到指定目的。
收集	部门、学生ID号、姓名、性别、电话号码、电子邮件地址、住址、成绩单复印件、护照复印件、签证复印件、保险单复印件、机票、sns ID
拒绝同意的权利和拒绝同意的后果	同意收集和使用上述任何个人信息或将信息提供给第三方, 对于作为交换生参与该项目至关重要, 因此, 你必须同意上述内容才能作为交换生参与。
同意收集和使用	我同意按照上述描述收集、使用和提供我的个人信息。 同意/不同意 日期(年月日): 签名:

学校不会将个人信息用于个人信息提供方同意以外的任何目的, 如果您需要更改所提供的个人信息, 您可以通过个人信息管理负责人要求访问、更正或删除, 我同意在遵守《个人信息保护法》等相关法律法规的前提下收集和上述个人信息。

[붙임 5, Form 5] PLEASE TYPE AND PRINT CLEARLY

Personal Information Collection, Use, and Disclosure to Third Parties Agreement

Office of International Affairs of Chungbuk National University is required to obtain the consent of the person in order to collect, use, or provide personal information to a third party in accordance with the relevant laws and regulations, including Articles 15, 17, and 24 of the Personal Information Protection Act. I hereby consent to the collection, use, or provision of my personal information to a third party as described below.

Purpose of collecting and using personal information & Retention period	Qualification verification and administrative procedures required to proceed with the program while participating in the 'Incoming Exchange Student Program with Overseas Sister University' 1) When CBNU OIA operates Overseas Sister University 'Incoming Exchange Student Program', information required to be verified for student selection and admission is collected. 2) Providing students' personal information to the sister university for completion verification procedures when CBNU OIA operates 'Incoming Exchange Student Program with Overseas Sister University' 3) Semi-Permanent
Recipient of personal information	The collected personal information will be provided to the third party (1) Immigration Office 2) Dormitory 3) Buddy, Hosts and Global supporters 4) Each department and 5) Related department at CBNU until the achievement of designated purpose
Collection	Department, student ID number, name, gender, phone number, email address, residential address, copy of transcript, copy of passport, copy of visa, copy of insurance policy, airline ticket, sns ID
The right to refuse consent and the penalties for refusing consent	Consents to the collection and use of any of the above personal information or the provision of information to third parties is essential for participation in the exchange student program, so you must agree to the above to participate as an exchange student.
Consent to collect and use	I consent to the collection, use and provision of my personal information as described above. I Agree : ☐ Disagree : ☐ DATE (YYYYMMDD): SIGNATURE:

※ The University will not utilize personal information for any purpose other than that agreed to by the personal information provider, and if you wish to change the personal information provided, you may request access, correction, or deletion through the person in charge of personal information management, and I agree to the collection and utilization of personal information as described above in accordance with relevant laws and regulations such as the Personal Information Protection Act.

05 个人信息提供同意书

相关表格

[붙임 6, Form 6] Recommendation

Recommendation

Name:

Gender:

Time of Graduation:

Recommended Reason:

It is highly recommended that this international student participate in the exchange program at Chungbuk National University.

20 . . .

Name of Recommender:

University and Potition of Recommender:

Phone Number of Recommender:

Email of of Recommender:

Signature:

电脑端填写后打印
出来教授/导师/学院
院长/书记亲笔签字

07 导师推荐信

Recommendation

申请人信息:

姓名

性别

预毕业时间

Name:

Gender:

Time of Graduation:

Recommended Reason:

It is highly recommended that this international student participate in the exchange program at Chungbuk National University.

教授/导师,

或学院院长/书记信息:

姓名

所在学院及职位

联系方式

E-mail

Name of Recommender:

University and Potition of Recommender:

Phone Number of Recommender:

Email of Recommender:

Signature:

相关表格

[붙임 7, Form 7] All applicants can use your own form.

Confirmation Letter for Tuition fee Payment

Home University :
Applicant Name :

☐ She/He has already paid off tuition fees for Spring 2026.
☐ According to our finance regulation, She/He will pay tuition for Spring 2026 by _____ (DD/MM/YY).
☐ She/He will be waived for tuition by scholarship for Spring 2026.

I hereby certify the above information is true and the applicant is enrolled student at our university for Spring 2026.

Coordinator of Home University	Applicant
Date : Name : Position: Stamp or Signature:	Date : Name : Signature:

电脑端填写后打印
出来学校领导及
学生本人亲笔签字

08 交换学期本校学费缴纳证明

[붙임 7, Form 7] All applicants can use your own form.

Confirmation Letter for Tuition fee Payment

申请人信息:

Home University : 学校
Applicant Name : 姓名

☐ She/He has already paid off tuition fees for Spring 2026.
☐ According to our finance regulation, She/He will pay tuition for Spring 2026 by _____ (DD/MM/YY). **26年3月份本校学费缴纳时间**
☐ She/He will be waived for tuition by scholarship for Spring 2026.

I hereby certify the above information is true and the applicant is enrolled student at our university for Spring 2026.

学校领导信息:
填写日期
姓名
职位
亲笔签字

Coordinator of Home University	Applicant
Date : Name : Position: Stamp or Signature:	Date : Name : Signature:

申请人信息:
填写日期
姓名
亲笔签字

09 《教育部学籍在线验证报告》

◆ 学信网开具的《教育部学籍在线报告》中英文版各1份

**Online Verification Report of Higher Education
Qualification Certificate**

Date of Renewal: Jan. 05, 2023 Date of Expiry: Jan. 05, 2024

Name	ZHANG SAN
Sex	Female
Date of Birth	Jul. 02, 1979
Start Date	Sep. 01, 1998
Completion Date	Jul. 01, 2001
Higher Education Institution	Beijing Forestry University
Major	Goods Flowers
Length of Program	3 Years
Education Level	Junior College
Type of Education	Regular higher Education
Form of Learning	Full Time
Status	Graduated
Certificate No.	1002 2120 0136 9999 99
President Name	LI BI







Online Verification Code **962712969302**

① Online authentication of the report can be made at
<https://www.chsi.com.cn/oldkey/>

② or scan the QR code by 学信网 App.

Notes:

- For more information about "Type of Education" and "Education Level", please visit <https://www.chsi.com.cn/oldkey/oldkey.html>.
- This verification report is based on the re-check result of the qualification certificate electronic registration information in accordance with the Regulation of Higher Education Student Record and Qualification Registration (Order 2016-11). It should be used by CHSI (<http://www.chsi.com.cn>), the only MOE-designated qualification authentication website, that conducts online verification services.
- The report is subject to change. Please use the latest version of the report.
- The report shall not be used for other purposes without the consent of its owner.
- The online verification validity of the report is 1 year and can be extended before the report is expired by the report owner.

 CHSI

10 银行存款证明


中信银行
 CITIC BANK

交易流水号
 : ECP520240201141147916368

个人存款证明书

Certificate of deposit

敬告者:
 To whom it may concern:
 特此声明, 兹证明先生/女士/君 (居民身份证: 440104199101010101) 于 2024年02月01日 (C/P No. 1462011) 在 中信银行 开立定期存款账户, 截至 2024年02月01日, 在中信银行开立定期存款账户, 共计 (小写) RMB 10000.00 人民币 (大写) 人民币壹万元整。
 存款情况如下:

账号 A/C No.	币种 Currency	金额 Balance	存入日 Value Date	到期日 Expiry Date
62170000000000000000	人民币	RMB 10000.00	20230910	20240310

本存款证明不能流通, 不能用于质押, 不能挂失, 不能代替存款凭证作为提取上述款项凭证。
 The certificate is non-negotiable, unidentified once lost and can not be presented to the bank for payment, cannot be used as pledge, cannot be cancelled, cannot replace the deposit receipt as evidence for withdrawing the above amount.
 本存款证明有效期为一年, 如遇国家有权部门依法冻结、扣划等行内法律法规规定的金额与实际情况不符的情况, 请发行行予以说明。
 Prior to the expiry date of the certificate, the issuing bank shall claim no responsibility in case that the amount of deposit as certified by certificate falls short of the actual amount, as the result of actions such as freezing or deduction taken by authorized institutions of the state.
 本存款证明与通过中信银行官网金融服务平台、手机银行、网上银行等电子渠道或第三方合作机构开立, 请收到此存款证明后, 可登录中信银行官网、进入相关信息渠道进行真伪验证。
 The certificate is issued by CITIC E-Channel, that including: CITIC Going Global Financial Service Platform, CITIC Mobile Bank, CITIC Online Bank or third-party with cooperative relations. You could verify this certificate by entering related information through CITIC Bank official website.

备注: 申请日期: 20240201
 Issuing Date
 验证码: ECP520240201141147916368
 Verifying Code



中信银行
 CITIC BANK
 存款证明
 Deposit Certificate



8,000,000韩元的存款证明, “定期”

约人民币5万元, 定期6个月

- ◆ 学生本人名义办理
- ◆ 存款证明的发行日期以入学申请日的30天为基准 (通知再提交)
- ◆ 共需要2份存款证明原件: 学校需要1份, 大使馆和申请签证时需要1份, 请按照要求提前准备好。

银行存款证明原建议办理中信银行或中国银行的银行存款证明, 可以在不同时间段开具多份原件

在大使馆申请签证时, 请根据当地的要求来进行办理