

# Academic Consultancy Agreement

Date: \_\_\_\_\_

Between:

[Consultant's Name]  
[Consultant's Address]  
[City, State, Zip Code]

And:

[Client's Name]  
[Client's Address]  
[City, State, Zip Code]

## 1. Scope of Work

The Consultant agrees to provide academic consultancy services as outlined in the attached document (Exhibit A).

## 2. Payment

The Client agrees to pay the Consultant a fee of [amount] for services rendered.

## 3. Duration

This agreement will commence on [start date] and will continue until [end date].

## 4. Confidentiality

Both parties agree to keep the details of this agreement confidential.

## 5. Termination

This agreement may be terminated by either party with [notice period] notice in writing.

## Signatures

\_\_\_\_\_  
[Consultant's Name]  
Consultant

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[Client's Name]  
Client

Witness:

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[Witness Name]  
Date: \_\_\_\_\_