

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Title]
[Pharmacy School Name]
[School Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally accept my offer of admission to the [Pharmacy School Name] for the [Program Name] program starting in [Start Date]. I am truly honored to be selected and enthusiastic about the opportunity to further my education in pharmacy at your esteemed institution.

I would like to express my gratitude for this opportunity and confirm my intent to enroll. Please let me know if there are any further steps I need to complete or documents I need to submit prior to the start of the program.

Thank you once again for this incredible opportunity. I look forward to joining the [Pharmacy School Name] community and contributing to its mission.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]