

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

Dear [Recipient Name],

I am writing to formally accept the offer of admission into the [Pharmacy Program Name] at [Pharmacy School Name] for the [Start Term/Year]. I am truly honored to have been selected and am excited about the opportunity to further my education in pharmacy.

I would like to confirm that I will be attending the program and will complete any necessary enrollment paperwork by the deadline. Please let me know if there are any further actions required on my part at this stage.

Thank you once again for this incredible opportunity. I am eager to begin this journey and contribute to the [Pharmacy School Name] community.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]