

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

Dear [Admission Committee/Specific Person's Name],
I am writing to formally accept my offer of admission to [Pharmacy School Name] for the [specific program name, e.g., Doctor of Pharmacy] starting in [start date, e.g., Fall 2024]. I am incredibly excited about the opportunity to join your esteemed program and contribute to the vibrant community at [Pharmacy School Name].

Thank you for this incredible opportunity. Please let me know if there are any further steps I need to complete.

Sincerely,

[Your Name]
[Your Student ID (if applicable)]
[Optional: Your Signature]