

[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 inform you of your admission to the Doctor of Pharmacy program at [Pharmacy School Name] for the [Fall/Spring, Year] semester. After a thorough review of your application, we are pleased to offer you a place in our esteemed program.

Your academic achievements, alongside your experience in the field of pharmacy, stood out during our selection process. We are confident that you will thrive in our rigorous curriculum and contribute meaningfully to our community.

Please find enclosed further information regarding enrollment procedures, important dates, and orientation details. We encourage you to respond by [Response Deadline] to confirm your acceptance of our offer.

Congratulations once again on this significant achievement! We look forward to welcoming you to [Pharmacy School Name].

Sincerely,

[Your Name]
[Your Title]
[Pharmacy School Name]