

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

Dear Members of the Admissions Committee,

I hope this letter finds you well. My name is [Your Name], and I am writing to appeal the decision regarding my application to [Pharmacy School Name] for the [specific term/year]. I truly appreciate the time and consideration given to my application, and I would like to respectfully present my case for reconsideration.

[Briefly explain the reason for your appeal. Include any relevant details such as personal circumstances, improvements in academic performance, or additional qualifications that may support your request.]

I understand the competitive nature of the admissions process and acknowledge that there may have been shortcomings in my initial application. However, I believe that my [mention relevant experiences, skills, or attributes] demonstrate my commitment to pursuing a career in pharmacy and my potential for success in your esteemed program.

Additionally, I have taken [mention any steps you have taken since receiving the decision, such as taking additional courses, gaining relevant experience, or addressing issues from your previous academic record]. These actions have strengthened my resolve and preparedness for the challenges of pharmacy school.

I kindly ask you to reconsider my application and provide me with the opportunity to contribute to the [Pharmacy School Name] community. Thank you for taking the time to read my appeal, and I look forward to the possibility of discussing my application further.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]