

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

Dear Admissions Committee,

I am writing to express my interest in applying for the Doctor of Pharmacy program at [Pharmacy School Name]. With a passion for healthcare and a commitment to improving patient outcomes, I am eager to contribute to the field of pharmacy.

In my academic journey, I have [mention relevant academic achievements or experiences]. My volunteer work at [Organization/Institution Name] has further solidified my desire to pursue a career in pharmacy by [describe specific experiences].

I believe that [Pharmacy School Name] uniquely aligns with my career goals due to [mention specific programs, faculty, or values of the school]. I am particularly drawn to [any specific area of pharmacy or research].

I am excited about the opportunity to enhance my skills and knowledge through your esteemed program. Thank you for considering my application. I look forward to the possibility of contributing to your academic community.

Sincerely,
[Your Name]