

[Your Name]
[Your Title/Position]
[Your Institution/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Pharmacy School/Institution Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to wholeheartedly recommend [Student's Name] for admission to [Pharmacy School Name]. I have had the pleasure of knowing [Student's Name] for [duration of time] as [his/her/their] [relationship to the student, e.g., professor, supervisor, etc.].

During this time, I have been continually impressed by [Student's Name]'s [mention specific qualities, skills, or experiences relevant to pharmacy, such as analytical skills, dedication to patient care, integrity, etc.]. [He/She/They] consistently demonstrated [provide specific examples that illustrate the student's capabilities and attributes].

[Student's Name] has also exhibited a strong commitment to [mention any relevant experiences such as volunteering, working in a pharmacy, or participating in relevant projects]. This experience has equipped [him/her/them] with a solid foundation in [some specific area related to pharmacy].

I am confident that [Student's Name] will excel in the rigorous environment of pharmacy school and become an outstanding member of the pharmacy profession. [He/She/They] is not only passionate about [his/her/their] chosen field but also possesses the resilience and determination necessary to succeed.

Please feel free to contact me at [your phone number] or [your email address] should you require any further information or insights regarding [Student's Name].

Thank you for considering this promising candidate.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Institution/Organization]