

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

Dear Admissions Committee,

I am writing to formally request a transfer to [Pharmacy School Name] for the [academic year/semester]. Currently, I am enrolled at [Current Pharmacy School Name], where I have completed [number of years/semesters] in the pharmacy program. After careful consideration, I believe that [Pharmacy School Name] is the best fit for my academic and professional aspirations.

During my time at [Current Pharmacy School Name], I have maintained a [GPA] and engaged in [specific extracurricular activities, research, internships]. However, I seek to transfer because [reason for transfer, e.g., specialization, clinical opportunities, faculty expertise, personal circumstances].

I am particularly drawn to [Pharmacy School Name] due to [specific programs, faculty, resources, etc.]. I am confident that the supportive environment and comprehensive curriculum will facilitate my growth as a future pharmacist.

Enclosed with this letter are my official transcripts, letters of recommendation, and any other required documents. I appreciate your consideration and hope to contribute positively to the [Pharmacy School Name] community.

Thank you for your time and consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]