

[Your Pharmacy School's Letterhead]

[Date]

[Applicant's Name]

[Applicant's Address]

[City, State, Zip Code]

Dear [Applicant's Name],

We are pleased to inform you that you have been granted conditional admission to the [Pharmacy School Name] for the [Start Date] academic term. Your hard work and dedication have shown us that you possess the qualities necessary to succeed in our program and make a meaningful contribution to the field of pharmacy.

Your conditional admission is contingent upon the following requirements:

1. Completion of [specific course(s) or credit hours] by [deadline].
2. Submission of an official transcript from [name of institution] reflecting your final grades by [deadline].
3. Successful completion of [any standardized tests, background checks, etc., if applicable] by [deadline].

Please note that failure to meet these conditions may result in the revocation of your admission status. We recommend that you maintain regular communication with the admissions office regarding your progress in fulfilling these requirements.

To confirm your acceptance of this conditional offer, please sign and return the enclosed acceptance form by [response deadline].

We look forward to welcoming you to [Pharmacy School Name] and are excited about your future contributions to the pharmacy profession.

Congratulations once again on your conditional admission!

Sincerely,

[Your Name]

[Your Title/Position]

[Pharmacy School Name]

[Contact Information]