

[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 express my interest in the Doctor of Pharmacy (Pharm.D.) program at [Pharmacy School Name]. As an aspiring pharmacist, I am eager to further my education and contribute to patient care through the practice of pharmacy.

My academic background includes a [mention your degree], which has provided me with a strong foundation in the sciences. My passion for healthcare was solidified through [mention relevant experience, e.g., volunteering, work in a pharmacy, research projects]. These experiences have not only enhanced my knowledge but have also shaped my desire to advocate for patients' health and well-being.

I am particularly drawn to [mention specific aspects of the pharmacy program or faculty that appeal to you], which aligns with my career goals. I am enthusiastic about the opportunity to engage in [mention any programs, research opportunities, or community outreach initiatives], as I believe it will prepare me to meet the challenges of the evolving healthcare landscape.

I am committed to serving diverse communities, and I believe that my unique background and experiences will allow me to make a meaningful contribution to the [Pharmacy School Name] community. I look forward to the possibility of joining your program and collaborating with esteemed faculty and fellow students who share my passion for pharmacy.

Thank you for considering my application. I am excited about the opportunity to contribute to and learn from [Pharmacy School Name].
Sincerely,

[Your Name]