**TABLE OF CHANGES – FORM**

**Form I-918, Petition for U Nonimmigrant Status**

**OMB Number: 1615-0104**

**02/18/2025**

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| **Reason for Revision: Biological Sex****Project Phase: 83C**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 12/31/2027Baseline Edition Date 12/12/2024New Edition Date 01/20/2025 |

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 1-2, Part 1. Information About You** (Person filing this petition as a victim) | **[Page 1]****START HERE – Type or print in black ink.****Part 1. Information About You** (Person filing this petition as a victim)**…****9.** GenderMale  Female  Another Gender Identity**10.** Date of Birth (mm/dd/yyyy)**…** | **[Page 1]****START HERE – Type or print in black ink.****Part 1. Information About You** (Person filing this petition as a victim)**…****9.** SexMale  Female  [delete]**10.** Date of Birth (mm/dd/yyyy)**…** |