**TABLE OF CHANGES – FORM**

**Form** **I-918, Supplement B, U Nonimmigrant Status Certification**

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

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1, Part 1. General Information About the Victim** | **[Page 1]**  **START HERE - Type or print in black ink. Answer all questions fully and accurately.** If you need extra space to provide additional information for any question, use the space provided in **Part 10. Additional Information**.  **Part 1. General Information About The Victim**  **…**  **5.** Gender  Male  Female  Another Gender Identity | **[Page 1]**  **START HERE - Type or print in black ink. Answer all questions fully and accurately.** If you need extra space to provide additional information for any question, use the space provided in **Part 10. Additional Information**.  **Part 1. General Information About The Victim**  **…**  **5.** Sex  Male  Female  [delete] |