**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 12/31/2027Baseline Edition Date 12/12/2024New 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.** GenderMaleFemaleAnother 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.** SexMaleFemale[delete] |