

TABLE OF CHANGES – FORM
Form I-918, Supplement B, U Nonimmigrant Status Certification
OMB Number: 1615-0104
02/18/2025

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

Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1. General Information About the Victim	<p>[Page 1]</p> <p>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.</p> <p>Part 1. General Information About The Victim</p> <p>...</p> <p>5. Gender Male Female Another Gender Identity</p>	<p>[Page 1]</p> <p>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.</p> <p>Part 1. General Information About The Victim</p> <p>...</p> <p>5. Sex Male Female [delete]</p>