**TABLE OF CHANGES – INSTRUCTIONS**

**Form** **I-918, Instructions for 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** |
| **Pages 4-7, Specific Instructions** | **[Page 4]****Specific Instructions**…**Item Number 5. Gender.** Indicate how the victim identifies. … | **[Page 4]****Specific Instructions**…**Item Number 5.** **Sex.** Indicate whether the victim is male or female as provided on his or her birth certificate issued at the time of birth or issued closest to the time of birth or in secondary evidence he or she provided to USCIS, if applicable and available… |