**TABLE OF CHANGES – FORM**

**Form I-914, Application for T Nonimmigrant Status**

**OMB Number: 1615-0099**

**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 08/31/2026Baseline Edition Date 08/28/2024New Edition Date 01/20/2025 |

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 1-2****Part 2. General Information About You** (Person filing this application as a victim) | **[Page 1]****Part 2. General Information About You** (Person filing this application as a victim)**…****8.** Gender MaleFemaleAnother Gender Identity**9.** Marital StatusSingle/Never Married Married DivorcedWidowed **…** | **[Page 1]****Part 2. General Information About You** (Person filing this application as a victim)**…****8.** Sex MaleFemale[deleted][no change]**…** |
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