**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 08/31/2026  Baseline Edition Date 08/28/2024  New 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  Male  Female  Another Gender Identity  **9.** Marital Status  Single/Never Married  Married  Divorced  Widowed  **…** | **[Page 1]**  **Part 2. General Information About You** (Person filing this application as a victim)  **…**  **8.** Sex  Male  Female  [deleted]  [no change]  **…** |
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